Evaluating Local Interventions Encounter Form Completion Protocol

Office
of
AIDS

What is ELI?

ELI is a web-based information system that will enable California's prevention providers to systematically collect and access information critical to effectively prevent HIV infection. In collaboration with the Universitywide AIDS Research Program (UARP), The Office of AIDS (OA) has worked with providers statewide to develop ELI's core measures that target program implementation and risk behavior data collection. ELI builds capacity for local prevention evaluation and will be replacing the currently required statistical information questionnaire (SIQ) and will streamline the way programs report information on the services that they are delivering.

Why have ELI?

The Department of Health Services, Office of AIDS (DHS OA) and its HIV prevention contractors have long recognized the need to support strategic planning for evaluation HIV prevention programs. In December 1999, the federal Centers for Disease Control and Prevention (CDC) released an "Evaluation Guidance" outlining steps for planning and implementing HIV prevention program evaluation in local settings. The purpose of the guidance is to help states, local health departments and community based organizations (CBO) implement evaluations of both the processes and outcomes of CDC-funded prevention programs. The CDC guidance suggests evaluation of all HIV prevention activities including:

- Individual-level counseling interventions
- Counseling and Testing
- Group-level counseling interventions
- Outreach interventions
- Health Communication interventions
- Prevention case management
- Community-level interventions

How has ELI been developed?

During 2000 and 2001, the OA has sought feedback on ELI's measures and system design from providers across the state. Several informational forums were held across the state during the summer of 2000, and project staff have subsequently traveled to local jurisdictions to discuss in depth plans for the new system, which will measure both processes and outcomes of programs. ELI was piloted in 5 California counties from the fall of 2001 through the spring of 2002. ELI incorporates and extends current reporting requirements, such as the statistical information questionnaire (SIQ), which programs complete to reflect the numbers and characteristics of clients served along with other programmatic information. Because this effort has the potential to benefit many stakeholders, the OA is working to ensure that the development of the system incorporates input from all of California's diverse constituencies.

Who are the stakeholders?
- Coordination and Development
    - California Sate Office of AIDS
    - Universitywide AIDS Research Program/UCOP
- Program Evaluation Technical Assistance
    - Center for AIDS Prevention Studies, UCSF
- Guidance and Input
    - Local Health Departments
    - Centers for Disease Control and Prevention

What are benefits/potential uses of ELI?

Because ELI will enable immediate access to program data across intervention types, it builds capacity for local prevention evaluation and will be useful for all providers in planning and implementing programs. Increasing attention to evaluation provides an opportunity for California to further develop a

comprehensive strategy with the capacity to produce useful information for all stakeholders. Information resulting from evaluation activities can be used to improve existing programs, enhance prevention program planning and to secure additional resources.

ELI will be coordinated with other reporting requirements, such as the state's counseling and testing system (HIV5), so that duplicate reporting is not required.

Since ELI is web-based, it will be accessible from any computer with Internet access. Data entered will be encrypted and will travel over a password secured server. Data entered should not be duplicated (see individual form instructions for procedures). Optional data fields and customized reports will be available so counties can personalize their data collection. Monthly data entry should be completed within 30 days following the end of each month.

Who will be using ELI & when?

Office of AIDS interventions that will be utilizing ELI:
- The Neighborhood Intervention Geared toward High-risk Testing (NIGHT outreach)
- Education and Prevention (E&P)
- The High Risk Initiative (HRI)
- The Social Marketing Campaign (SMC)
- Prevention Case Management (PCM)
- All other interventions

The counseling and testing system, HIV5, will be merged into ELI in 2003 and *until then providers should continue to use the HIV5 desktop system.*

The formal start date for statewide use of ELI will be July 1st of 2002.

Definitions

What is a program?

> **Definition:** A program is the distinction often used by an agency to describe a related set of interventions serving a particular population. (Evaluating CDC HIV Prevention Programs Volume 1: Guidance Chapter 3: Designing and Evaluating Intervention Plans) To determine the type of intervention you are providing, think about the primary activity of your specific program. The specific goals and objectives you submitted when you applied for funding will also help you decide.

> **Office of AIDS Example**: High Risk Initiative, which includes separate interventions for Youth, MSM, People of Color, and Women.

What is an intervention?

> **Definition:** "An intervention is a specific activity (or set of related activities) intended to bring about HIV risk reduction in a particular target population using a common strategy for delivering the prevention services. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation."

> **Office of AIDS Example**: Individual Counseling

What is an Individual Level Intervention (ILI)?

> **Definition:** An individual level intervention is health education and risk reduction counseling provided to one individual at a time. ILIs assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior. These interventions also facilitate linkages to services in both clinic and community settings (e.g. substance abuse treatment settings) in support of behaviors and practices that prevent the transmission of HIV, and they help clients make plans to obtain these services.

> **Note:** According to a strict categorization, outreach is an individual-level intervention. However, for the purposes of this reporting, ILIs do not include outreach, prevention case management or counseling and testing, which constitute their own intervention categories.

> **Office of AIDS Example: One on one interactions sometimes referred to as "walk-ins."**

What is a Group Level Intervention (GLI)?

> **Definition:** A group level intervention is health education and risk-reduction counseling (see above) that shifts the delivery of service from the individual to groups of varying sizes. GLIs use peer and non-peer models involving a wide range of skills, information, education, and support.

> **Note:** Many providers may consider general education activities to be group-level interventions. However, for the purposes of this reporting, GLI does NOT include "one-shot" educational presentations or lectures (that lack a skills component). Those types of activities should be included in the Health Communication/Public Information category.

> **Office of AIDS Example: Small group MSM workshops**

What is Outreach?

Definition: Outreach is HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients' neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. Outreach also includes referrals to C&T and other social services as well as peer opinion models.

Office of AIDS Outreach Programs include those carried out as part of the following OA initiatives:

- **NIGHT**
- **E&P**
- **High Risk Initiative (Youth Drop-In, MSM, People of Color, Women)-**
- **Any other outreach**

What is Health Communication?

Definition: Health Communication is the delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services, including electronic and print media, hotline, clearinghouse, and presentations/lectures.

Office of AIDS Example: Calling Card Campaign

What is Prevention Case Management?

Definition: Prevention case management is client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs; a hybrid of HIV risk –reduction counseling and traditional case management that provides intensive, ongoing and individualized prevention counseling, support, and service brokerage.

Office of AIDS Example: HIV Transmission Prevention Program (HTPP)

What are the basic data elements being collected in ELI?

Agency Information
Intervention Information
- Intervention Setting
- Intervention Type
- Referrals
- Risk Reduction Materials

Demographics
- Gender
- Race/Ethnicity
- Sexual Orientation
- Matching Criteria

Behavioral Information
- Sexual Behavior
- Hepatitis and STD History
- Substance Use History

Which forms are required?

Required Forms
- Individual Level Intervention
- Prevention Case Management
- Group Check Sheet
- Outreach Check Sheet
- Outreach Short Form
- Health Communication/Public Information

Not Required
- Group Self Administered Questionnaire
- Long Outreach Form

How are the forms used?

Each of these forms has a separate set of completion instructions that follow.

INSTRUCTIONS FOR COMPLETING INDIVIDUAL LEVEL FORM (ILI)

The ELI Individual Level Form is used to document all individual level interventions regardless of Office of AIDS funding source *with the exception of HIV counseling and testing programs*. HIV counseling and testing programs will continue to collect individual level client data via the Counseling Information Form (CIF), which is a subset of the ILI form. An ILI may or may not lead to testing, and all ILI clients seen outside of the counseling and testing site per se—whether s/he go on to get tested or not—are seen as ILIs.

Who administers the forms?

Forms are completed by the intervention provider.

When do I administer the form in relation to services?

Individual level interventions encompass a variety of programs. Therefore, encounter forms should be completed in a manner consistent with the specific program's goals and objectives. For instance, one program may record the ILI information before the intervention. However, another similar ILI may choose to complete the form after the intervention. Forms can be administered before, during or after the intervention. The exact timing will vary by intervention. Therefore, the logistics should be at the discretion of the program coordinator. Client centered counseling practices should be utilized at all times. Client refusal to provide information is acceptable.

The purpose of the form should be explained and information collected as follows.

How do I avoid duplication?

Avoiding duplication of forms is essential for data entry minimizing workload and accurate reporting of services. To avoid this situation data entry staff should always enter their initials into the box labeled Data Entry Use Only on the bottom of the form once the form has been entered into the computer.

Data Entry Use Only
Data Entry Initials: _____

Individual Level Intervention Form

Program: _____	Please enter the name of the program service being provided. The program name is not entered into the ELI system but is recorded on each form to ensure that records for different individual level interventions are not mixed up.
Date: _____/_____/_____	Fill in the date the intervention occurred.
Provider Initials:_____	Fill in the initials of the person filling out the form.
LHD/Agency No. ▢▢▢▢	The code number assigned to the local health department or other contracting agency by the OA. If you are unsure of your local health department number please contact The State Office of AIDS.

Site no.: ☐☐☐☐	The number assigned by the LHD or agency to the site where the services are provided. This number should be used to identify physical location where services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route.
Computer Client No.: ☐☐☐☐☐☐☐☐☐	Fill in the unique client number assigned to each client at data entry or by local protocol.
Length of Contact *(mins)* ☐☐☐	Fill in the length of contact in minutes from 0-999.
Intervention Setting: *(mark one ☒)* ☐ (1) Community setting ☐ (6) CBO ☐ (2) Clinic/health care ☐ (7) HIV C&T ☐ (3) Substance use treatment ☐ (8) STD clinic ☐ (4) Correctional/detention ☐ (9) Other setting ☐ (5) School/educational	Mark one box with an X to indicate the setting where the intervention is taking place. Mark Other Setting if the setting does not easily fall into the other categories on the list.
Referrals *(mark all that apply ☒)* ☐ HIV testing ☐ Substance use treatment ☐ HIV prevention education ☐ Mental health/emotional support ☐ Needle exchange ☐ Shelter or housing ☐ STD testing & care ☐ Food ☐ HIV medical care ☐ Other ☐ Non-HIV medical care ☐ None	Mark an X in each box to indicate that that particular referral was given to the client. If no referrals were given to the client mark an X in the box next to None.
CLIENT INFORMATION **First Letter of Last Name:** ☐	Enter the first letter of the client's last name in the box.
Date of birth: *(mm/dd/yy)* ☐☐☐☐☐☐	Fill in the client's date of birth (month, day, year). If the client is unwilling to provide this information please leave the boxes blank.
Residence County: _____	Record the county where the client has his/her primary residence. For transients, record the county in California where the client most often resides. Out-of-state clients are marked as "out of state."
Zip code: *(residence/hangout)* ☐☐☐☐☐	Enter the zip code where the client's residence is located. For transients, enter the zip code where the client most often resides. Out-of-state clients are marked as 99999. These two geographic questions help localize the client for appropriate referral service sites and identify areas of higher concentration of high-risk clients and HIV infected persons for program planning.
☐ Mark if homeless	Mark an X in the box if client is homeless. Knowledge of this is particularly important, as homeless clients may have special needs.

Gender & pregnancy: *(mark one ☒)* ☐ (1) Male ☐ (2) Female ☐ (3) Pregnant female ☐ (4) Transgendered: male to female ☐ (5) Transgendered: female to male ☐ (6) Other, specify:_____	Mark the client's **self-identified** gender with an X. Explain that *Transgendered* clients may be pre or post operation: *Male to Female* or *Female to Male* and that *Other*, s*pecify* is for any other self-identified gender, such as hermaphrodite (both genitalia). If a female knows that she is pregnant mark an X in the box next to pregnant female.
Race/Ethnicity: *(mark one or two ☒)* **1st 2nd** ☐ (1) ☐ (1) African American (not Hispanic) ☐ (2) ☐ (2) American Indian/Alaskan Native ☐ (3) ☐ (3) Asian/Pacific Islander ☐ (4) ☐ (4) Hispanic/Latino(a) ☐ (5) ☐ (5) White (not Hispanic) ☐ (6) ☐ (6) Other, specify:_____	The purpose of race/ethnicity is to identify cultural issues that may be appropriate to address. It provides to program planners the race/ethnic proportions of clients needing services. The five "standard" census groups are used. Encourage the client to identify the one group of closest identification, and record it under 1st. Ask clients if there is a second group with which s/he identifies and record it under 2nd. The benefit of this approach is that it provides both a "simple" description and a more precise definition of clients of mixed race. This level of detail may help counselors understand cultural issues important to the client's HIV risk reduction.
Sexual Orientation: *(mark one ☒)* ☐(1) Gay male ☐(2) Bisexual ☐(3) Heterosexual (straight) ☐(4) Lesbian ☐(5) Other, specify:_____ ☐(6) Don't know ☐(7) Declined/refused	Enter the client's self-identified sexual orientation or indicate, "don't know" if the client is uncertain of their sexual orientation.
HIV Status: *(mark one ☒)* ☐ (1) Positive ☐ (2) Negative ☐ (3) Inconclusive ☐ (4) Don't know ☐ (5) Declined/refused	Enter the client's HIV status as of their last test result or don't know if s/he has never tested or never returned for their test result.

Sexual behavior *(D/R = declined/refused; NA=not applicable)* By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys. *In the last 12 months/since last visit, had sex with a . . .* 　　Male ----------------------------□(1) Yes □(2) No □(3) D/R 　　Female----------------------------□(1) Yes □(2) No □(3) D/R 　　Transgendered------------------□(1) Yes □(2) No □(3) D/R *In the last 12 months/since last visit, had sex for . . .* 　　Drugs---------------------------□(1) Yes □(2) No □(3) D/R 　　Money/other-------------------□(1) Yes □(2) No □(3) D/R *In the last 12 months/since last visit had . . .* Sex with an IDU partner-----------□(1) Yes □(2) No □(3) D/R Receptive anal sex (partner's penis entered anus/butt) 　　　　　　　　　□(1) Yes □(2) No □(3) D/R 　　　Condom last time? □(1) Yes □(2) No □(3) D/R Receptive vaginal sex (partner's penis entered vagina) 　　　□(1) Yes □(2) No □(3) D/R 　　　Condom last time? □(1) Yes □(2) No □(3) D/R Insertive anal sex (penis entered partner's anus/butt) 　　　　　　　　　□(1) Yes □(2) No □(3) D/R 　　　Condom last time? □(1) Yes □(2) No □(3) D/R Insertive vaginal sex (penis entered partner's vagina) 　　　□(1) Yes □(2) No □(3) D/R 　　　Condom last time? □(1) Yes □(2) No □(3) D/R	The following questions are about the client's sexual behavior during the last 12 months or since their last visit. By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys. Mark an X in the box beside Yes or No unless the client declines or refuses to answer the question in that case mark an X in the box beside D/R for declined/refused. This information is necessary to know in order to address the client's specific risk reduction needs.
Hepatitis and STD history *(D/R = declined/refused)* 　During the last 12 months/since last visit, diagnosed with a sexually STD or 　　Hepatitis?----□(1) Yes □(2) No □(3) D/R 　　**If Yes**, STDs/Hepatitis diagnosed with in the last 12 months/since last visit. *(mark all that apply ⊠)* 　　□ Syphilis *(syph, the pox, lues)*　□ Genital herpes (HSV) 　　□ Gonorrhea *(GC, clap, drip)*　□ Hepatitis B (HBV) 　　□ Chlamydia　　　　　　　　□ Hepatitis C (HCV) 　　□ Trichomoniasis *(trich)*　　　□ Other STD 　　□ Genital/anal warts (HPV) 　Diagnosed with any <u>viral</u> STDs or Hepatitis <u>more than</u> 12 months ago 　　　　(*if first visit*)?----□(1) Yes □(2) No □(3) D/R 　　**If Yes**, <u>viral</u> STDs/ Hepatitis diagnosed <u>more than</u> 12 months ago. *(mark all that apply ⊠)* 　　□ Genital/anal warts (HPV)　□ Hepatitis B (HBV) 　　□ Genital herpes (HSV)　　　□ Hepatitis C (HCV)	The next two questions collect information about the client's sexually transmitted disease (STD) and Hepatitis history. If the client was diagnosed with an STD in the last 12 months or since their last visit by a medical professional mark an X in the box beside Yes. If not, mark no. If the client does not want to provide that information mark an X in the D/R box. If the client was diagnosed with an STD in the last 12 months or since their last visit, mark an X in the box beside each STD the client was diagnosed with. If the client was diagnosed with a viral STD or Hepatitis <u>more than</u> 12 months ago if this is their first visit mark an X in the box beside Yes. If not, mark No. If the client was diagnosed with a viral STD or Hepatitis more than 12 months ago or since their last visit indicate which one(s) by marking and X beside the appropriate STD or Hepatitis type. This information will give the provider information on the client's current level of risk and necessity of STD/medical referrals.

Drug use history *(D/R = declined/refused)*
 	
In the last 12 months/since last visit, used any of the following drugs?
  Alcohol--☐(1) Yes ☐(2) No ☐(3) D/R
  Crack *(rock)*--☐(1) Yes ☐(2) No ☐(3) D/R
  Amphetamine (*speed, crank, crystal, tina)*-----☐(1) Yes ☐(2) No ☐(3) D/R
  Cocaine (powder)--------------------------------☐(1) Yes ☐(2) No ☐(3) D/R
  Nitrate/nitrates *(poppers, rush)*--------------☐(1) Yes ☐(2) No ☐(3) D/R
  Heroin *(junk, skag, smack, H)*--------------☐(1) Yes ☐(2) No ☐(3) D/R
  Ecstasy *(MDMA, Adam, E, X)*---------------☐(1) Yes ☐(2) No ☐(3) D/R
  GHB *(liquid ecstasy, G)*-----------------------☐(1) Yes ☐(2) No ☐(3) D/R
  Ketamine *(special K, vitamin K, K)*-----------☐(1) Yes ☐(2) No ☐(3) D/R
  Viagra--☐(1) Yes ☐(2) No ☐(3) D/R
In the last 12 months/since last visit, used a needle to inject drugs or other substances (not including drugs taken under a doctor's order)
  ------------------☐(1) Yes ☐(2) No ☐(3) D/R
If Yes, the last injection used a new needle that has never been used before?--------------------☐(1) Yes ☐(2) No ☐(3) D/R
	The final group of questions assesses the client's drug use history within the last 12 months or since their last visit. Learn the current street names for each drug listed. The issue here is cofactors affecting safer sex decisions and injection risks. Drugs used with sex may affect judgment leading to unsafe sexual practices. Drugs may stimulate sexual behavior. Sex may also be part of drug transactions.
	
	Mark each drug the client has used with an X in the Yes box and each they have not used with a X in the No box and any declined information with an X in the D/R box.
	
	If the client has used a needle to inject drugs in the last 12 months or since their last visit mark an X in the box beside Yes. If not, mark No and if the client does not want to provide you with that information mark D/R.
	
	If the client has indicated that s/he has used a needle to inject drugs in the last 12 months or since their last visit, determine whether that needle was a needle that had never been used before or not and mark the appropriate response. If the client does not want to provide you with that information mark D/R.

Data Entry Use Only Data Entry Initials: _____	Avoiding duplication of forms is essential for data entry minimizing workload and accurate reporting of services. To avoid duplication **data entry staff should always enter their initials into the box labeled Data Entry Use Only on the bottom of the form once the form has been entered into the computer.**

INSTRUCTIONS FOR COMPLETING GROUP LEVEL FORMS

The ELI Group Level Forms are used to document all group interventions regardless of Office of AIDS funding source. For an example of a group level intervention please refer to the definitions section. There are two group level forms, one of which is required.

Group Forms

Providers should use the forms in a manner consistent with their specific program's goals and objectives.

Group Check Sheet - (Required)

Providers should use the group check sheet for all group level interventions. This form collects the minimum amount of information required by the State Office of AIDS and is filled out by the provider.

Self-Administered Questionnaire (SAQ) - (Optional)

The self-administered form is a questionnaire underline completed by the clients themselves in a group setting. The self-administered form is available for use by providers but is not required by the State Office of AIDS.

Who administers the forms?

The Group Check Sheet is filled out by program providers. The clients will fill out the self-administered questionnaire themselves. Program providers are encouraged to provide assistance to the clients in interpreting the meaning of questions etc on the self-administered group form. The SAQ is also available in Spanish from the ELI website. The self-administered group level form is the only form currently being used with the ELI system that is filled out by the clients. All other ELI forms are filled out by program providers.

When do I administer the form in relation to services?

Forms can be administered before, during or after the intervention. The exact timing will vary by intervention. Therefore, the logistics should be at the discretion of the program coordinator.

Group interventions encompass a variety of programs. Therefore, clients should be recruited and surveyed in manner consistent with the specific program's goals and objectives. Client centered counseling practices should be utilized at all times. Client refusal to provide information is acceptable.

How do I avoid duplication?

Avoiding duplication of forms is essential for data entry minimizing workload and accurate reporting of services. To avoid this situation data entry staff should always enter their initials into the box labeled Data Entry Use Only on the bottom of the form once the form has been entered into the computer.

Data Entry Use Only
Data Entry Initials: _____

Group Check Sheet

Group name: _____	Please enter the name of the group service is being provided to. The group name is recorded on each form to ensure that records for different individual level interventions are not mixed up. It is also recorded in the ELI system for easy reference to group forms.
Date of intervention: *(mm/dd/yy)* _____/_____/_____	Enter the date the intervention first started.
Provider Initials: _____	Enter the initials of the person filling out the form.
LHD/agency no.: ☐☐☐☐	The code number assigned to the local health department or other contracting agency by the OA. If you are unsure of your local health department number please contact The State Office of AIDS
Site no.: ☐☐☐☐	The number assigned by the LHD or agency to the site where the services are provided. This number should be used to identify physical location where services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route.
Behavioral risk population: *(estimate behavioral risk)* *Males who have sex with males/females* *(MSM, MSM/F)* ☐☐☐ *IDU Males who have sex with males/females* *(MSM-IDU, MSMF-IDU)* ☐☐☐ *Males who have sex with females only* *(MSF)* ☐☐☐ *IDU Males who have sex with females only* *(MSF-IDU)* ☐☐☐ *Females* *(FSM, FSM/F, FSF)* ☐☐☐ *IDU Females* *(FSM-IDU, FSM/F-IDU, FSF-IDU)* ☐☐☐ Transgendered Persons *(TSM, TSM/F, TSF)* ☐☐☐ IDU Transgendered Persons *(TSM-IDU, TSM/F-IDU, TSF-IDU)* ☐☐☐	For each person in the group please make a tick mark in the appropriate behavioral risk population category. This is an estimate meaning that the provider filling out the form will be making informed guesses about the participants in the group. If the provider feels that he or she is not comfortable assigning members of the group to a category he or she may choose to ask the group additional questions in order to acquire enough information to accurately assign individuals to a population. Another option would be to use the Self Administered Questionnaire to obtain additional information about the group.

Estimate age, race and gender of outreach clients

Estimate age, race, and gender of group clients (TG=transgender UN=unknown)	19 years old or less			
	Male	Female	TG	UN
African American (not Hispanic)	ЖHT IIII	ЖHT I	I	
	9	6	1	0

The ELI group level intervention form collects aggregate, or summary data and is used like a check sheet. On the check sheet there are boxes for counts of client demographics. A mark is placed on the form in the proper column for each occurrence of an item. The total is then recorded at the end of the day in the box provided in the lower right hand corner of each square.

Group Self-Administered Questionnaire (Not Required)

Administrative Information Box

Group name:_____

LHD/Agency no.: ☐☐☐☐

Site no.: ☐☐☐☐

Administrative information's purpose is to collect general information about the group intervention.

Remind the client that this administrative portion should be filled out only by the program providers. Program providers should fill in the administrative portion of each form after the client has filled out the form and completed all sessions of the group intervention.

Please enter the name of the group service is being provided to. The group name is recorded on each form to ensure that records for different individual level interventions are not mixed up. It is also recorded in the ELI system for easy reference to group forms.

The code number assigned to the local health department or other contracting agency by the OA. If you are unsure of your local health department number please contact The State Office of AIDS

The number assigned by the LHD or agency to the site where the services are provided. This number should be used to identify physical location where services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route.

Do NOT write your name on this survey.	Remind the client that s/he should not put their name on the survey. This is important as many people put identifying information on forms habitually.
1. *What is today's date?* (mm/dd/yyyy) _____ / _____ / _____	The client should record today's date in the blanks provided. Announcing the date to the group shortly after handing out should help.
2. What is the first letter of your last name? [ ]	Have the client enter the first letter of their last name in the box.
3. What gender do you consider yourself? (*mark one* ☒) □(1) Male □(2) Female-**NOT** currently pregnant □(3) Female-currently pregnant □(4) Transgendered: male to female □(5) Transgendered: female to male □(6) Other, specify:_____	Have the client mark their **self-identified** gender with an X. Explain that Females should mark Female-NOT currently pregnant if they are not pregnant and Female-currently pregnant if they are certain they are pregnant. *Transgendered* clients may be pre or post operation: *Male to Female* or *Female to Male* and that *Other*, s*pecify* is for any other self-identified gender, such as hermaphrodite (both genitalia).
4. What is your date of birth? (*mm/dd/yyyy*) _____ / _____ / _____	Have the client fill in their date of birth (month, day, year). It the client does not want to provide this information they may leave it blank.
5. Which of the following best describes your race/ethnic background? (*mark one from each column* ☒) *Primary race/ethnicity* □(1) African American (not Hispanic) □(2) American Indian/Alaskan Native □(3) Asian/Pacific Islander □(4) Hispanic/Latino(a) □(5) White (not Hispanic) □(6) Other, specify:_____ *Secondary race/ethnicity* □(1) African American (not Hispanic) □(2) American Indian/Alaskan Native □(3) Asian/Pacific Islander □(4) Hispanic/Latino(a) □(5) White (not Hispanic) □(6) Other, specify:_____ □(7) No additional race/ethnicity	The purpose of race/ethnicity is to identify cultural issues that may be appropriate to address. It provides to program planners the race/ethnic proportions of clients needing services. The five "standard" census groups are used. Encourage the client to identify the one group of closest identification, and record it under Primary race/ethnicity. Ask clients if there is a second group with which s/he identifies and have them record it under Secondary race/ethnicity. The benefit of this approach is that it provides both a "simple" description and a more precise definition of clients of mixed race. This level of detail may help counselors understand cultural issues important to the client's HIV risk reduction.

6. Which of the following comes closest to your sexual orientation? (*mark one* ⊠) □(1) Heterosexual (straight) □(2) Bisexual □(3) Lesbian □(4) Gay Male □(5) Queer □(6) Same gender loving □(7) Other, specify:_____ □(8) Don't know	The client should enter the sexual orientation that s/he most closely identifies with. Indicate "don't know" if the client is uncertain of their sexual orientation or "other" if the client would like to specify their sexual orientation.
7. What county do you live in? _____	The client should enter the county where s/he has his/her primary residence. For transients, the client should record the county in California where s/he most often resides. Out-of-state clients should mark "out of state."
8. What is the zip code for your home? (5-digit) [ ][ ][ ][ ][ ]	Have the client enter the zip code where their residence is located. For transients, have them enter the zip code where they most often reside. Out-of-state clients are marked as 99999. These two geographic questions help localize the client for appropriate referral service sites and identify areas of higher concentration of high-risk clients and HIV infected persons for program planning.
9. Are you currently homeless or considered to be homeless by other people? □(1) Yes □(2) No	Have the client mark an X in the box if s/he is homeless. Knowledge of this is particularly important, as it may be impossible to contact these clients.

SEXUAL BEHAVIOR HISTORY
The following questions are about the client's sexual behavior during the last 12 months. The client may need additional assistance filling out the sexual behavior history section of the form especially if s/he has never provided this type of information before. Encourage them to provide accurate information and remind them that s/he has the right to decline to answer. Explain to the client that when we say "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys and when we talk about condoms we are referring to both male and female condoms. These questions will be answered by the client with a Yes, a No, or a N/A (not applicable) when offered.

10. During the last 12 months, have you had sex with a male? □(1) Yes □(2) No	If the client has had sex with a male in the last 12 months s/he should mark X in the box beside Yes. If not, mark X No.
11. During the last 12 months, have you had sex with a female? □(1) Yes □(2) No	If the client has had sex with a female in the last 12 months s/he should mark X in the box beside Yes. If not, mark an X beside No.
12. During the last 12 months, have you had sex with a transgender person? □(1) Yes □(2) No	If the client has had sex with a transgendered person in the last 12 months, s/he should mark X in the box beside Yes. If not, mark an X beside No.

13. During the last 12 months, did you exchange sex for drugs? ☐(1) Yes ☐(2) No	If the client has exchanged sex for drugs within the last 12 months, s/he should *mark X in the box beside Yes. If not, mark an X beside No.*
14. During the last 12 months, did you exchange sex for money, a place to stay, or for other items or services? ☐(1) Yes ☐(2) No	If the client has exchanged sex for money, a place to stay or for other items or services within the last 12 months, s/he should mark X in the box beside Yes. If not, mark an X beside No.
15. During the last 12 months, have you had sex with someone who injects drugs with a needle, but NOT including any drug taken under a doctor's order? ☐(1) Yes ☐(2) No	If the client has sex with a partner who injects drugs (not including prescription drugs such as insulin or vitamins) within the last 12 months, s/he should mark an X beside Yes. If not, mark No.
16. During the last 12 months, did you have receptive anal sex with a male where your partner's penis entered your anus (butt)? ☐(1) Yes ☐(2) No *If you answered "Yes" above*, now thinking back to the last time you had this type of sex was a condom used? ☐(1) Yes ☐(2) No	The client should mark an X in the box beside Yes if s/he has had anal receptive sex in the last 12 months. Mark an X in the box beside No if s/he has not. If the client or their partner used a condom the last time s/he had receptive anal mark an X in the box beside Yes. Mark an X in the box beside No if s/he has not.
17. During the last 12 months, did you have receptive vaginal sex with a male where your partner's penis entered your vagina? ☐(1) Yes ☐(2) No ☐(3) NA *If you answered "Yes" above*, now thinking back to the last time you had this type of sex was a condom used? ☐(1) Yes ☐(2) No	The client should mark an X in the box beside Yes if she has had receptive vaginal sex in the last 12 months. Mark an X in the box beside No if she has not. If the client identifies as a male NA should be checked. If the client or their partner used a condom the last time she had vaginal sex, mark an X in the box beside Yes. Mark an X in the box beside No if not.
18. During the last 12 months, did you have anal sex where you inserted your penis into your partner's anus (butt)? ☐(1) Yes ☐(2) No ☐(3) NA *If you answered "Yes" above*, now thinking back to the last time you had this type of sex was a condom used? ☐(1) Yes ☐(2) No	The client should mark an X in the box beside Yes if he has had anal insertive sex in the last 12 months. Mark an X in the box beside No if he has not or NA if this choice does not apply. If the client or their partner used a condom the last time they had insertive anal sex mark an X in the box beside Yes. Mark an X in the box beside No if not.

19. During the last 12 months, did you have vaginal sex where you inserted your penis into your partner's vagina? ☐(1) Yes ☐(2) No ☐ NA *If you answered "Yes" above*, now thinking back to the last time you had this type of sex was a condom used? ☐(1) Yes ☐(2) No	The client should mark an X in the box beside Yes if he has had insertive vaginal sex in the last 12 months. Mark an X in the box beside No if he has not or NA if this choice does not apply. If the client or their partner used a condom the last time they had insertive vaginal sex mark an X in the box beside Yes. If not, mark No.
20. During the last 12 months, with how many people have you had receptive anal and/or receptive vaginal sex? (0 to 999) ☐☐☐	The client should enter the number of people s/he have had receptive anal and/or vaginal sex with in the last 12 months. Any number from zero to nine hundred ninety nine can be entered.
21. During the last 12 months, has a doctor or other health professional told you that you have hepatitis or a sexually transmitted disease (STD)? ☐(1) Yes ☐(2) No *If you answered "Yes" above*, which sexually transmitted diseases have you been diagnosed with in the last 12 months? (*mark all that apply below ☒*) ☐ Syphilis (syph, the pox, lues) ☐ Gonorrhea (GC, clap, drip) ☐ Chlamydia ☐ Trichomoniasis (trich) ☐ Genital/anal warts (HPV) ☐ Genital herpes (HSV) ☐ Hepatitis B (HBV) ☐ Hepatitis C (HCV) ☐ Other, specify:_____	If the client indicates that s/he has been diagnosed with an STD within the last 12 months, s/he should mark an X in the box beside Yes. If not, mark No. If the client answers Yes s/he should then mark each of the STDs that s/he has been *diagnosed with in the last 12 months* this includes the viral STDs and Hepatitis.
22. Has a doctor or other health professional told you that you have Hepatitis or a <u>viral</u> sexually transmitted disease (STD) <u>more than</u> 12 months ago? ☐(1) Yes ☐(2) No If you answered "Yes" above*, which viral sexual transmitted diseases have you been diagnosed with <u>more than</u> 12 months ago?* (*mark all that apply below ☒*) ☐ Genital/anal warts (HPV) ☐ Genital herpes (HSV) ☐ Hepatitis B (HBV) ☐ Hepatitis C (HCV)	If a doctor or other health professional diagnosed the client with a viral STD or Hepatitis more than 12 months ago the client should mark Yes. If not, mark No. If the client answered Yes to the previous question s/he should then mark an X beside each of the viral STDs or Hepatitis that they have been diagnosed with.
23. Have you ever been tested for HIV (human immunodeficiency virus)? *If you answered "Yes" above*, what is your HIV status? (*mark one below ☒*) ☐(1) Positive ☐(2) Negative ☐(3) Inconclusive ☐(4) Don't know	Enter the client's HIV status as of their last test result or don't know if s/he has never tested or never returned for their test result.

Drug use history 24. In the last 12 months, have you used any of the following drugs*?* *(*mark all that apply below ⊠*)* Alcohol--☐(1) Yes ☐(2) No Crack *(rock)*---------------------------------☐(1) Yes ☐(2) No Amphetamine (s*peed, crank, crystal, tina)*-----☐(1) Yes ☐(2) No Cocaine (powder)-------------------------------☐(1) Yes ☐(2) No Nitrate/nitrates *(poppers, rush)*--------------☐(1) Yes ☐(2) No Heroin *(junk, skag, smack, H)*----------------☐(1) Yes ☐(2) No Ecstasy *(MDMA, Adam, E, X)*----------------☐(1) Yes ☐(2) No GHB *(liquid ecstasy, G)*-----------------------☐(1) Yes ☐(2) No Ketamine *(special K, vitamin K, K)*-----------☐(1) Yes ☐(2) No Viagra---☐(1) Yes ☐(2) No	The client should mark an X in the box next to the appropriate drug or drugs they have used within the last 12 months. If they have not used that drug, s/he should check No. If the client does not wish to provide this information they can leave the question blank.
25. In the last 12 months, have you used a needle to inject any drug such as heroin, cocaine, amphetamines or steroids, but NOT including any drug taken under a doctor's order? ☐(1) Yes ☐(2) No If you answered "Yes" above*, did you use a new needle that had never been used before, not even by you, the last time you injected?* ☐(1) Yes ☐(2) No	If the client has used a needle in the last 12 months to inject any drug (do not include prescribed drugs) s/he should mark an X in the box beside Yes. If the client has not used a needle to inject nonprescription drugs s/he should mark an X in the box beside No. If the client has used a needle in the last 12 months to inject nonprescription drugs and that needle was a new, sterile needle instruct the client to mark an X in the box beside Yes. If not, mark an X in the box beside No.
Thank you!	Remember to verbally thank the client for taking the time to complete the survey.

INSTRUCTIONS FOR COMPLETING OUTREACH FORMS

Due to the complex nature of outreach interventions, OA has developed three data collection forms for documenting outreach encounters: an aggregate-level reporting form (check sheet) and two individual level reporting forms referred to as the "Outreach Short Form" and "Outreach Long Form." The "Outreach Long Form", has been developed and can be used by providers but will not be required.

Outreach Forms

Outreach workers should use forms in a manner consistent with their specific program's goals and objectives.

Outreach Check Sheet – (Required)

Providers should use the Outreach Check Sheet for initial, brief encounters of less than five minutes, and in situations where individual-level data collection would pose a threat to the safety of the outreach worker or client. In areas or locations where it is not feasible to safely use the individual-level form, it is not required.

Outreach Short Form – (Required)

For encounters of five minutes or more, outreach workers should use the Outreach Short Form to collect information on contacts and document outreach activities. The intent of the individual-level form is to document the interactions between the CHOW and the client; it is not intended to serve as an intervention guide or interfere with the delivery of the intervention or services. Client refusal to provide information is acceptable.

In most cases, the primary goal of outreach is screening and referral to HIV testing. If an outreach contact is referred for an HIV test at the time of the outreach encounter, outreach staff are only required to fill out the shaded areas of the form, and the form will then be given to a test counselor.

Outreach Long Form – (Optional)

The Outreach Long Form is an expanded version of the Short Form. It is available for use by providers wishing to collect more in depth information in their outreach programs but is not required.

Who administers the forms?

Forms should be completed by CHOWs.

When do I administer the form in relation to services?

Outreach Check Sheet

Complete the form following the outreach encounter. Client refusal to provide information is acceptable.

Outreach Short Form

When using the short form, the following procedure should be used.

The form is simple and compact and may be memorized and filled out after the client contact has been completed. However, when the form should be filled out –either during or following the outreach encounter - is left to the discretion of the CHOW/program. In some situations, after rapport has been established and risk has been determined, the CHOW may choose to inform the client that s/he has a form to fill out for program evaluation purposes. At this time the CHOW may explain the purpose of the form and ask for assistance in completing the demographic portions, i.e., date of birth, zip code and first letter of last name. Client refusal to provide information is acceptable.

As is typical in outreach, CHOWS should first approach and establish contact with potential clients. After initial contact has been made and rapport established with the client, the CHOW should then ask questions to determine if the person is at risk for HIV. Outreach efforts should still focus on risk reduction activities, which encourage high-risk individuals to seek HIV testing and referrals to other prevention programs, as appropriate.

Outreach Long Form

When the form should be filled out –either during or following the outreach encounter - is left to the discretion of the CHOW/program. In some situations, after rapport has been established and risk has been determined, the CHOW may choose to inform the client that s/he has a form to fill out for program evaluation purposes. At this time the CHOW may explain the purpose of the form and ask for assistance in completing the demographic portions, i.e., date of birth, zip code and first letter of last name. Client refusal to provide information is acceptable.

As is typical in outreach, CHOWS should first approach and establish contact with potential clients. After initial contact has been made and rapport established with the client, the CHOW should then ask questions to determine if the person is at risk for HIV. Outreach efforts should still focus on risk reduction activities, which encourage high-risk individuals to seek HIV testing and referrals to other prevention programs.

Client centered counseling practices should be utilized at all times.

How do I avoid duplication?

Avoiding duplication of forms is essential for data entry minimizing workload and accurate reporting of services. To avoid this situation data entry staff should always enter their initials into the box labeled Data Entry Use Only on the bottom of the form once the form has been entered into the computer.

Data entry Use Only	**Data Entry Initials:** _____
Computer Client No:	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Outreach Check Sheet (Required)

Program Type: ☐(1) NIGHT ☐(2) E&P ☐(3) HRI ☐(4) Other	Indicate the type of program the outreach services fall under Neighborhood Interventions Geared toward High-risk Testing, Education and Prevention, High Risk Initiative, or Other. If you are uncertain which program to check please consult your supervisor.
Date: *(mm/dd/yy)* _____/_____/_____	The date the encounter occurred.
Provider initials: _____	Initials of the community health outreach worker that provided outreach services. Three initials may be used if there are duplicate initials used by the local health department (LHD) or subcontracting agency staff.
LHD/agency no.: ☐ ☐ ☐ ☐	The code number assigned to the local health department or other contracting agency by the OA. NOTE: NIGHT programs will continue to use the regular county code.

Site no.: ☐☐☐☐	The number assigned by the LHD or agency to the site where the services are provided. This number should be used to identify physical location where services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route. NIGHT programs are required to use site numbers.
Location ZIP: ☐☐☐☐☐	Enter the zip code where outreach is taking place.
Location type: *(mark one ☒)* ☐(1) Street ☐(2) Park/outdoor setting ☐(3) Bar ☐(4) Bath house/sex club ☐(5) Community based organization ☐(6) Health care facility ☐(7) Education/community event ☐(8) Other location	Indicate the type of location by checking one of the following: **Street** if the location where the outreach is taking place is on the street corner. **Park/OS** if the location is at a park or other outdoor site. **Bar** if the outreach is taking place in or around a bar. **Bath/Sex club** if the outreach is taking place in or around a bath house or sex club. **CBO** if the outreach is taking place in or around the community based organization. **HC facility** if the outreach is taking place in or around a health care facility. **Ed/com event** if the outreach is taking place at an educational or other community event such as a health fair. **Other location** if the outreach is taking place at a location not listed.

Materials distributed: *(enter total distributed for brief encounters only)*					
Phone card *(enter one for each client)*			Literature *(enter one for each client)*		
Voucher *(enter one for each client)*			Hygiene kit *(enter one for each client)*		
Cash *(enter one for each client)*			Bleach & water *(enter one for each client)*		
Condoms *(enter one for each client)*			Needle exchange *(enter one for each client)*		
Latex dam *(enter one for each client)*			Other *(enter one for each client)*		
Lube *(enter one for each client)*			None *(enter one for each client)*		

Enter the materials distributed (**one for each CLIENT**) under each item listed. Place the total number in the box under each item at the end of the day.

Phone Card -- mark phone card box if either OA supplied card or local county phone card is distributed at outreach encounter.

Voucher – mark voucher box if client is given any type of voucher: food, movie or etc.

Cash- mark if cash is provided as an incentive.

Condoms-mark condoms box if client is given any type of condom.

Latex Dam-mark if a latex dam was provided.

Lube-mark if lubricant is provided to the client.

Literature-mark if any type of literature is given to the client. DO NOT check for any literature included inside the various kits.

Hygiene Kit– mark each hygiene kit distributed at the time of the encounter.

Bleach and Water-mark if bleach and water are given to the client.

Needle exchange-mark the item if you refer your client to a needle exchange program.

Other-mark if the item or information you distributed as an incentive is not on the list

None-mark if no incentives were distributed.

Estimate age, race and gender of outreach clients

Estimate age, race, and gender of group clients *(TG=transgender UN=unknown)*	19 years old or less			
	Male	Female	TG	UN
African American (not Hispanic)	ЖЖ ЖЖ |||| **9**	ЖЖ ЖЖ | **6**	| **1**	**0**

The ELI brief encounter outreach form collects aggregate (summary) data and is used like a tick sheet. On the check sheet there are boxes for counts of client demographics. A mark is placed on the form in the proper column for each occurrence of an item. The total is then recorded at the end of the day in the box provided in the lower right hand corner of each square.

Outreach Short Form (Required)

If client is testing, complete only shaded items.

Program Type: ☐ (1) NIGHT ☐ (2) E&P ☐ (3) HRI ☐ (4) Other	Indicate the type of program the outreach services fall under Neighborhood Interventions Geared toward High-risk Testing, Education and Prevention, High Risk Initiative, or Other. If you are uncertain which program to check please consult your supervisor.
Date: _____/_____/_____	The date the outreach encounter occurred.
Provider Initials:_____	Initials of the community health outreach worker that provided outreach services. Three initials may be used if there are duplicate initials used by the local health department (LHD) or subcontracting agency staff.
LHD No.: ☐☐☐☐	The code number assigned to the local health department or other contracting agency by the OA. NOTE: NIGHT programs will continue to use the regular county code.

Site No.: ☐☐☐☐	The number assigned by the LHD or agency to the site where the services are provided. This number should be used to identify physical location where services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route.
<u>Materials distributed:</u> *(mark all that apply ⊠)* ☐ Phone Card ☐ Latex Dam ☐ Bleach & Water ☐ Voucher ☐ Lube ☐ Needle exchange ☐ Cash ☐ Literature ☐ Other ☐ Condoms ☐ Hygiene Kit ☐ None	Mark all that apply. Mark the type given during the outreach encounter only. **Phone Card** -- mark phone card box if either OA supplied card or local county phone card is distributed at outreach encounter. **Voucher** – mark voucher box if client is given any type of voucher: food, movie or etc. **Cash-** mark if cash is provided as an incentive. **Condoms-**mark condoms box if client is given any type of condom. **Latex Dam-**mark if a latex dam was provided. **Lube**-mark if lubricant is provided to the client. **Literature**-mark if any type of literature is given to the client. <u>DO NOT</u> check for any literature included inside the various kits. **Hygiene Kit**– mark each hygiene kit distributed at the time of the encounter. **Bleach and Water**- mark if bleach and water are given to the client. **Needle exchange-**mark the item if you refer your client to a needle exchange program. **Other**-mark if the item or information you distributed as an incentive is not on the list. **None**-mark if no incentives were distributed.
Location ZIP: ☐☐☐☐☐	Enter the zip code where outreach is taking place.
Location type: *(mark one ⊠)* ☐(1) Street ☐(2) Park/OS ☐(3) Bar ☐(4) Bath/sex club ☐(5) CBO ☐(6) HC facility ☐(7) Ed./com. event ☐(8) Other location	Indicate the type of location by checking one of the following: **Street** if the location where the outreach is taking place is on the street corner. **Park/OS** if the location is at a park or other outdoor site. **Bar** if the outreach is taking place in or around a bar. **Bath/Sex club** if the outreach is taking place in or around a bathhouse or sex club. **CBO** if the outreach is taking place in or around the community based organization. **HC facility** if the outreach is taking place in or around a health care facility. **Ed/com event** if the outreach is taking place at an educational or other community event such as a health fair. **Other location** any other location not listed.

Contact Type: *(mark one ☒)* ☐ (1) New ☐ (2) Repeat ☐ (3) Don't Know	Indicate the type of contact by marking the appropriate box. **New Contact** should be marked if the CHOW has never seen this client before. **Repeat Contact** should be marked if the CHOW knows that s/he has definitely seen this client before. **Don't Know** should be marked in cases where the CHOW is not certain if they have seen this client before or not.
Encounter: *(mark one ☒) *Form not required for brief encounter* ☐ (1) 5-15 min ☐ (2) over 15 min	Mark the box for the type of encounter. The short form is not required for brief encounters. See Outreach Check Sheet. **5-15minutes**-First encounter where rapport is established and initial mini-risk assessment of client's risk is ascertained. Question/answers, HIV information provided and referral to HIV counseling and testing. **Over 15 min** – greater than 15 minutes long. Question/answer, referral to services, more in-depth discussion regarding risks and reduction.
First letter of last name:	Enter the client's first letter of their last name in the box.
Gender & pregnancy: *(mark one ☒)* ☐ (1) Male ☐ (2) Female ☐ (3) Pregnant Female ☐ (4) Transgendered: M to F ☐ (5) Transgendered: F to M ☐ (6)Other, specify:_____	Mark the client's self-identified gender with an X. Explain that *Transgendered* clients may be pre or post operation: *Male to Female* or *Female to Male* and that *Other*, s*pecify* is for any other self-identified gender, such as hermaphrodite (both genitalia). If a female is certain that she is pregnant mark an X in the box next to pregnant female.
Race/ethnicity: *(mark one ☒)* ☐ (1) African American (not Hispanic) ☐ (2) American Indian/Alaskan Native ☐ (3) Asian/Pacific Islander ☐ (4) Hispanic/Latino(a) ☐ (5) White (not Hispanic) ☐ (6) Other, specify:_____	The purpose of race/ethnicity is to identify cultural issues that may be appropriate to address. It provides to program planners the race/ethnic proportions of clients needing services. The five "standard" census groups are used. Encourage the client to identify the one group of closest identification.
Date of birth: *(mm/dd/yy)*	Fill in the client's date of birth (month, day, year). If the client does not want to provide their date of birth leave the field blank.
Residence County: _____	Record the county where the client has his/her primary residence. For transients, record the county in California where the client most often resides or hangs out. Out-of-state clients are marked as "out of state."

Zip code: *(residence/ hangout)* ☐☐☐☐☐	Enter the zip code where the client's residence is located. For transients, enter the zip code where the client most often resides. Out-of-state clients are marked as 99999. These two geographic questions help localize the client for appropriate referral service sites and identify areas of higher concentration of high-risk clients and HIV infected persons for program planning.
☐ Mark if homeless	Mark an X in the box if client is homeless. Knowledge of this is particularly important as it may be impossible to contact these clients or the client may need special referrals or services.
Testing referral: *(mark one ☒)* **Unique Office of AIDS Client Number** ☐ (1) Tested at encounter ☐ (2) Referred for testing ☐ (3) Declined/refused testing	Mark an X. in one box. For NIGHT outreach programs, mark the Tested at encounter box if client **is tested in the field** and **complete only shaded areas** on this form. In those cases where the CHOW is not the test counselor, give this form to the test counselor. The **test counselor will place the OA purple laboratory slip sticker on box titled Unique Office of AIDS Client Number**. Mark referred for testing if client is referred for testing. Mark if client declined or refused to test.
Other referrals *(mark all that apply ☒)* ☐ HIV prevention education ☐ Mental health/emotional support ☐ Needle exchange ☐ Shelter or housing ☐ STD testing & treatment ☐ Food ☐ HIV medical care ☐ Other ☐ Non-HIV medical care ☐ None ☐ Substance use treatment	Mark an X in the box for all referrals given to the client. If no referrals are given please check None.

Sexual behavior *(D/R = declined/refused) Not masturbation or sex toys*
 In the last 12 months, had . . .
    Sex with a male ·······················☐(1)Yes ☐(2)No ☐(3)D/R
    Sex with a female ····················☐(1)Yes ☐(2)No ☐(3)D/R
    Sex with a transgendered person·☐(1)Yes ☐(2)No ☐(3)D/R
    Sex with IDU partner ···············☐(1)Yes ☐(2)No ☐(3)D/R
    Sex for money/drugs/other ·········☐(1)Yes ☐(2)No ☐(3)D/R
    Receptive anal (RA) sex ···········☐(1)Yes ☐(2)No ☐(3)D/R
    Receptive vaginal (RV) sex ·········☐(1)Yes ☐(2)No ☐(3)D/R
	This section will help identify the client's high-risk HIV behaviors and focus the discussion on risk reduction strategies.
	
	 Mark an X in the box indicating either Yes, No or D/R (declined/refused) for any behavior that applies within the last 12 months.

Condom used during last RA/RV sex?····☐(1)Yes ☐(2)No ☐(3)D/R	If the client used a condom during the last time s/he had receptive anal or receptive vaginal sex, mark an X in the box beside Yes. If not, mark No. If the client declined to answer mark an X in the box beside D/R.

Hepatitis and STD History *(D/R = declined/refused)*
In the last 12 months, diagnosed with . . .
  Hepatitis B (HBV) or hepatitis C (HCV) ☐(1)Yes ☐(2)No ☐(3)D/R
  Syphilis *(syph, the pox, lues)*, gonorrhea *(GC, clap, drip)*, trich, chlamydia,
  genital herpes, or genital/anal warts ☐(1)Yes ☐(2)No ☐(3)D/R
	Mark an X in the box indicating either Yes, No, or D/R (declined/refused) if client was diagnosed *within the last 12 months* with any of the STDs listed. If the STD is viral (Hepatitis B, Hepatitis C, HPV or another viral STD) it is only to be marked if the diagnosis occurred *within the last 12 months.*

Drug use history *(D/R = declined/refused)*
In the last 12 months, used. . .
  Alcohol ☐(1)Yes ☐(2)No ☐(3)D/R
  Crack *(rock)* ☐(1)Yes ☐(2)No ☐(3)D/R
  Amphetamine *(speed, crank, crystal, tina)* ☐(1)Yes ☐(2)No ☐(3)D/R
  Cocaine *(powder)* ☐(1)Yes ☐(2)No ☐(3)D/R
  Nitrate/nitrites *(poppers, rush)* ☐(1)Yes ☐(2)No ☐(3)D/R
  Heroin *(junk, skag, smack, H)* ☐(1)Yes ☐(2)No ☐(3)D/R
  Ecstasy *(MDMA, Adam, E, X)* ☐(1)Yes ☐(2)No ☐(3)D/R
  GHB *(liquid ecstasy, G)* ☐(1)Yes ☐(2)No ☐(3)D/R
  Ketamine *(special K, vitamin K, K)* ☐(1)Yes ☐(2)No ☐(3)D/R
  Viagra ☐(1)Yes ☐(2)No ☐(3)D/R
	The final group of questions assesses the client's drug use history within the last 12 months. The issue here is cofactors affecting safer sex decisions and injection risks. Drugs used with sex may affect judgement leading to unsafe sexual practices. Drugs may stimulate sexual behavior. Sex may be part of drug transactions.
	
	The CHOW should mark an X in the box next to the appropriate drug or drugs the client has used within the last 12 months .
	
	If the client did not use that drug, check No. If the client would prefer not to provide this information check the box next to decline to answer the question.

In the last 12 months, used a needle to inject drugs or other subs. (not taken under doctor's orders)? ☐(1)Yes ☐(2)No ☐(3)D/R *If Yes*, for last injection used a new needle that has never been used before? ☐(1)Yes ☐(2)No ☐(3)D/R	If the client has used a needle to inject drugs in the last 12 months, mark an X in the box beside Yes. If not, mark No and if the client does not want to provide you with this information, mark D/R. If the client has indicated that s/he has used a needle to inject drugs in the last 12 months determine whether that needle was a needle that had never been used before or not and mark the appropriate response. If the client does not want to provide you with that information mark D/R.

28

OUTREACH LONG FORM (Optional)

If client is testing, complete only shaded items.

Program Type: □(1) NIGHT □(2) E&P □(3) HRI □(4) Other	Indicate the type of program the outreach services fall under Neighborhood Interventions Geared toward High-risk Testing, Education and Prevention, High Risk Initiative, or Other. If you are uncertain which program to check please consult your supervisor.
Provider Initials: _____	Initials of the community health outreach worker that provided outreach services. Three initials may be used if there are duplicate initials used by the local health department (LHD) or subcontracting agency staff.
Date: *(mm/dd/yy)* ▢▢▢▢▢▢	Enter the date the outreach encounter occurred.
Time: *(hh:mm)* ▢▢▢▢ AM PM	Enter the time the outreach encounter started.
LHD No.: ▢▢▢▢	The code number assigned to the local health department or other contracting agency by the OA. NOTE: NIGHT programs will continue to use the regular county code.
Site No.: ▢▢▢▢	The number assigned by the LHD or agency to the site where the services are provided. This number should be used to identify physical location where services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route.
Contact Type: *(mark one ⊠)* □ (1) New □ (2) Repeat □ (3) Don't Know	Indicate the type of contact by marking the appropriate box. **New Contact** should be marked if the CHOW has never seen this client before. **Repeat Contact** should be marked if the CHOW knows that s/he has definitely seen this client before. **Don't Know** should be marked in cases where the CHOW is not certain if they have seen this client before or not.
Length of contact: *(approx. mins)* ▢▢▢	Enter the length of the outreach contact in minutes.
Location type: *(mark one ⊠)* □(1) Street □(2) Park/OS □(3) Bar □(4) Bath/sex club □(5) CBO □(6) HC facility □(7) Ed./com. event □(8) Other location	Indicate the type of location by checking one of the following: **Street** if the location where the outreach is taking place is on the street corner. **Park/OS** if the location is at a park or other outdoor site. **Bar** if the outreach is taking place in or around a bar. **Bath/Sex club** if the outreach is taking place in or around a bathhouse or sex club. **CBO** if the outreach is taking place in or around the community based organization. **HC facility** if the outreach is taking place in or around a health care facility. **Ed/com event** if the outreach is taking place at an educational or other community event such as a health fair. **Other location** any other location not listed.

29

Location ZIP: ☐ ☐ ☐ ☐ ☐	Enter the zip code where outreach is taking place.
Street: _____	Record the main street where outreach is taking place.
Cross street: _____	Record the nearest cross street to the main street listed above where outreach is taking place.
Materials distributed: *(mark one ☒)* ☐ Phone Card ☐ Latex Dam ☐ Bleach & Water ☐ Voucher ☐ Lube ☐ Needle exchange ☐ Cash ☐ Literature ☐ Other ☐ Condoms ☐ Hygiene Kit ☐ None	Mark all that apply. Mark the type given during the outreach encounter only. **Phone Card** -- mark phone card box if either OA supplied card or local county phone card is distributed at outreach encounter. **Voucher** – mark voucher box if client is given any type of voucher: food, movie or etc. **Cash-** mark if cash is provided as an incentive. **Condoms-**mark condoms box if client is given any type of condom. **Latex Dam-**mark if a latex dam was provided. **Lube-**mark if lubricant is provided to the client. **Literature-**mark if any type of literature is given to the client. <u>DO NOT</u> check for any literature included inside the various kits. **Hygiene Kit**– mark each hygiene kit distributed at the time of the encounter. **Bleach and Water**-mark if bleach and water are given to the client. **Needle exchange-**mark the item if you refer your client to a needle exchange program. **Other**-mark if the item or information you distributed as an incentive is not on the list. **None**-mark if no incentives were distributed.
Testing referral: *(mark one ☒)* ☐(1) Tested at encounter ➔ (Unique Office of AIDS Client Number) ☐(2) Referred for testing ☐(3) Declined/refused testing	Mark an X. in one box. For NIGHT outreach programs, mark the Tested at encounter box if client **is tested in the field** and **complete only shaded areas** on this form. In those cases where the CHOW is not the test counselor, give this form to the test counselor. The **test counselor will place the OA purple laboratory slip sticker on box titled Unique Office of AIDS Client Number**. Mark referred for testing if client is referred for testing. Mark if client declined or refused to test.
Other referrals *(mark all that apply ☒)* ☐ HIV prevention education ☐ Shelter or housing ☐ Needle exchange ☐ Food ☐ STD testing & care ☐ Other ☐ HIV medical care ☐ None ☐ Non-HIV medical care ☐ Substance use treatment ☐ Mental health/emotional support	Mark an X in the box for all referrals given to the client. If no referrals are given please check None.
First letter of last name: ☐	Enter the client's first letter of their last name in the box.
Gender & pregnancy: *(mark one ☒)* ☐ Estimate ☐(1) Male ☐(2) Female ☐(3) Pregnant female ☐(4) Transgendered: male to female ☐(5) Transgendered: female to male ☐(6) Other, specify:_____ ☐(7) Declined/refused	Mark the client's **self-identified** gender with an X. Explain that *Transgendered* clients may be pre or post operation: *Male to Female* or *Female to Male* and that *Other*, s*pecify* is for any other self-identified gender, such as hermaphrodite (both genitalia). If a female is certain that she is pregnant mark an X in the box next to pregnant female.

Race/ethnicity: *(mark one or two ⊠)* ☐ Estimate *1st 2nd* ☐(1) ☐(1) African American (not Hispanic) ☐(2) ☐(2) American Indian/Alaskan Native ☐(3) ☐(3) Asian/Pacific Islander ☐(4) ☐(4) Hispanic/Latino(a) ☐(5) ☐(5) White (not Hispanic) ☐(6) ☐(6) Other, specify:_____ ☐(7) Declined/refused	The purpose of race/ethnicity is to identify cultural issues that may be appropriate to address. It provides to program planners the race/ethnic proportions of clients needing services. The five "standard" census groups are used. Encourage the client to identify the one group of closest identification. Mark the estimate box if the CHOW guessed/assumed the gender of the client.
Date of birth: *(mm/dd/yy)* ☐☐ ☐☐ ☐☐	Fill in the client's date of birth (month, day, year). If the client does not want to provide their date of birth leave the field blank.
Residence County: _____	Record the county where the client has his/her primary residence. For transients, record the county in California where the client most often resides or hangs out. Out-of-state clients are marked as "out of state."
Zip code: *(residence/ hangout)* ☐☐☐☐☐	Enter the zip code where the client's residence is located. For transients, enter the zip code where the client most often resides. Out-of-state clients are marked as 99999. These two geographic questions help localize the client for appropriate referral service sites and identify areas of higher concentration of high-risk clients and HIV infected persons for program planning.
☐ Mark if homeless	Mark an X in the box if client is homeless. Knowledge of this is particularly important as it may be impossible to contact these clients.
HIV status: *(mark one ⊠)* ☐(1) Positive ☐(2) Negative ☐(3) Inconclusive ☐(4) Don't know ☐(5) Declined/refused	Enter the client's HIV status as of their last test result or don't know if s/he has never tested or never returned for their test result.

Sexual behavior I: *(D/R = declined/refused)*
By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys.
In the last 12 months, had sex with a . . .
  Male --------------------------- ☐(1)Yes ☐(2)No ☐(3)D/R
  Female-------------------------- ☐(1)Yes ☐(2)No ☐(3)D/R
  Transgendered person------- ☐(1)Yes ☐(2)No ☐(3)D/R
	This section will help identify the client's high-risk HIV behaviors and focus the discussion on risk reduction strategies.
	
	Mark an X in the box indicating either Yes, No or D/R (declined/refused) for any behavior that applies within the last 12 months.

Drug use history I: *(D/R = declined/refused)* In the last 12 months, used a needle to inject drugs or other substances (not including drugs taken under a doctor's order)? ----------------------------- ☐(1)Yes ☐(2)No ☐(3)D/R	Mark an X in the box indicating either Yes, No or D/R (declined/refused) for any behavior that applies within the last 12 months. Do not include substances taken under doctor's order such as insulin, vitamins etc.

Sexual behavior II (D/R = declined/refused)	Mark an X in the box indicating either Yes, No or D/R (declined/refused) for any behavior that applies within the last 12 months.
If this is a repeat contact, fill out this section. By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys.	
In the last 12 months, had sex for . . .	By "sex" we mean oral, vaginal, or anal sex. Do not include masturbation, sex with dildos or other types of sex toys.
Drugs⸳⸳⸳⸳⸳⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
Money⸳⸳⸳⸳⸳⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
A place to stay⸳⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
Other items/services⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
In the last 12 months, had . . .	
Sex with an IDU partner⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
--	
Receptive anal sex *(partner's penis in anus)* ☐(1)Yes ☐(2)No ☐(3)D/R	
Condom last time?⸳⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
--	
Receptive vaginal sex *(partner's penis in vagina)* ☐(1)Yes ☐(2)No ☐(3)D/R	
Condom last time?⸳⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
--	
Insertive anal sex *(penis in partner's anus)* ☐(1)Yes ☐(2)No ☐(3)D/R	
Condom last time?⸳⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	
--	
Insertive vaginal sex *(penis in partner's vagina)* ☐(1)Yes ☐(2)No ☐(3)D/R	
Condom last time?⸳⸳⸳⸳☐(1)Yes ☐(2)No ☐(3)D/R	

Hepatitis & STD history *(D/R = declined/refused)* *If this is a repeat contact, fill out this section.* During the last 12 months, diagnosed with a STD or Hepatitis? ....☐(1)Yes ☐(2)No ☐(3)D/R **If Yes**, STDs/Hepatitis diagnosed within the last 12 months. *(mark all that apply ☒)* ☐ Syphilis *(syph, the pox, lues)* ☐ Gonorrhea *(GC, clap, drip)* ☐ Chlamydia ☐ Trichomoniasis *(trich)* ☐ Genital/anal warts (HPV) ☐ Genital herpes (HSV) ☐ Hepatitis B (HBV) ☐ Hepatitis C (HCV) ☐ Other STD **Hepatitis & STD history** *(D/R = declined/refused)* *If this is a repeat contact, fill out this section.* Diagnosed with any <u>viral</u> STDs or Hepatitis <u>more than</u> 12 months ago? ....☐(1)Yes ☐(2)No ☐(3) D/R **If Yes**, <u>viral</u> STDs/ Hepatitis diagnosed <u>more than</u> 12 months ago. *(mark all that apply ☒)* ☐ Genital/anal warts (HPV) ☐ Genital herpes (HSV) ☐ Hepatitis B (HBV) ☐ Hepatitis C (HCV)	The next several questions collect information about the client's sexually transmitted disease (STD) and Hepatitis history. If the client was diagnosed with an STD in the last 12 months by a medical professional mark an X in the box beside Yes. If not, mark no. If the client does not want to provide that information mark an X in the D/R box. If the client was diagnosed with an STD in the last 12 months or since their last visit, mark an X in the box beside each STD the client was diagnosed with. If the client was diagnosed with a viral STD or Hepatitis <u>more than</u> 12 months ago mark an X in the box beside Yes. If not, mark No. If the client was diagnosed with a viral STD or Hepatitis <u>more than </u>12 months ago indicate which one(s) by marking and X beside the appropriate STD or Hepatitis type. This information will give the provider information on the client's current level of risk and necessity of STD/medical referrals.
Drug use history II *(D/R = declined/refused)* *If this is a repeat contact, fill out this section.* *Includes recreational street drugs but does NOT include any drug taken under a doctor's order.* If injected drugs in last 12 months, for last injection used a new needle that has never been used before?-----☐(1)Yes ☐(2)No ☐(3)D/R *In the last 12 months, used any of these drugs . . .* Alcohol.................☐(1)Yes ☐(2)No ☐(3)D/R Crack *(rock)*...........☐(1)Yes ☐(2)No ☐(3)D/R Amphetamine ......☐(1)Yes ☐(2)No ☐(3)D/R *(speed, crank, crystal, tina)* Cocaine *(powder)*...☐(1)Yes ☐(2)No ☐(3)D/R Nitrate/nitrates ....☐(1)Yes ☐(2)No ☐(3)D/R *(speed, crank, crystal, tina)* Heroin.................☐(1)Yes ☐(2)No ☐(3)D/R *(junk, skag, smack, H)* Ecstasy...............☐(1)Yes ☐(2)No ☐(3)D/R *(MDMA, Adam, E, X)* GHB....................☐(1)Yes ☐(2)No ☐(3)D/R *(liquid ecstasy, G)* Ketamine.............☐(1)Yes ☐(2)No ☐(3)D/R *(special K, vitamin K, K)* Viagra.................☐(1)Yes ☐(2)No ☐(3)D/R	The final group of questions assesses the client's drug use history within the last 12 months. The issue here is cofactors affecting safer sex decisions and injection risks. Drugs used with sex may affect judgement leading to unsafe sexual practices. Drugs may stimulate sexual behavior. Sex may be part of drug transactions. The CHOW should mark an X in the box next to the appropriate drug or drugs the client has used within the last 12 months. If the client did not use that drug, check No. If the client would prefer not to provide this information check the box next to decline to answer the question.
Notes:_____	This area is for CHOWs to record additional notes about the outreach encounter.

INSTRUCTIONS FOR COMPLETING HEALTH COMMUNICATION FORM

The ELI Health Communication Form is used to document all health communication activities regardless of Office of AIDS funding source.

Who administers the forms?

Forms are administered by the Education and Prevention Coordinator or their designee.

When do I administer the form in relation to services?

Forms can be administered before, during or after the intervention. The exact timing will vary by intervention. Therefore, the logistics should be at the discretion of the program coordinator.   For instance, a social marketing newspaper blitz may be recorded at the end of the quarter as opposed to an HIV 101 presentation at the local high school for which providers might choose to record immediately before or after the event.

Health Communication, also known as social marketing encompasses programs such as the calling card campaign and the low-rider campaign, but also includes items such as billboards and pamphlets. Information should be surveyed in manner consistent with the specific program's goals and objectives. The Health Communication form is divided into six major media types.

How do I avoid duplication?

Avoiding duplication of forms is essential for data entry minimizing workload and accurate reporting of services. To avoid this situation data entry staff should always enter their initials into the box labeled Data Entry Use Only on the bottom of the form once the form has been entered into the computer.

Data entry Use Only	**Data Entry Initials: _____**

LHD/agency no.: ⬚⬚⬚⬚	Record the code number assigned to the local health department or other contracting agency by the OA.
Quarter Covered: *(mark one ⊠)* ☐ 1st*(jan-mar)* ☐ 2nd*(apr-jun)* ☐ 3rd*(jul-sep)* ☐ 4th*(oct-dec)*	Record the time period the campaign covered.
Year: ⬚⬚⬚⬚	Record the year for the time period the campaign covered.

Broadcast Media (*Cable/TV)* Number of Spots Created: _____ Target: *(mark all that apply ⊠)* ☐ M ☐ W ☐ TG ☐ AA ☐ NA ☐ API ☐ LAT ☐ WH ☐ MSM ☐ IDU ☐ SUB ☐ YTH ☐ SW ☐ POS ☐ OTH Program Objective: *(mark all that apply ⊠)* ☐ Safer Sex ☐ Testing ☐ AIDS Awareness ☐ Other, specify:_____ Campaign Name/message: _____	Record the number of spots created for the TV or cable station. Identify the target and mark an X in the box beside the appropriate target. M-Men W-Women TG-Transgender AA-African American NA-Native American API-Asian Pacific Islander LAT-Latino/a WH-White MSM-Men who have Sex with Men IDU-Intravenous Drug User SUB-Substance user YTH-Youth SW-Sex Worker POS-HIV Positive OTH-Other. Indicate the program objective by marking an X in the box beside safe sex, testing, don't know or other. When marking other as an answer choice please specify the alternate message. Record the campaign's name in the blank provided.
Broadcast Media (*Radio)* Number of Spots Created: _____ Target: *(mark all that apply ⊠)* ☐ M ☐ W ☐ TG ☐ AA ☐ NA ☐ API ☐ LAT ☐ WH ☐ MSM ☐ IDU ☐ SUB ☐ YTH ☐ SW ☐ POS ☐ OTH Program Objective: *(mark all that apply ⊠)* ☐ Safer Sex ☐ Testing ☐ AIDS Awareness ☐ Other, specify:_____ Campaign Name/message: _____	Record the number of spots created for the TV or cable station. Identify the target and mark an X in the box beside the appropriate target (see population definitions above). Indicate the program objective by marking an X in the box beside safe sex, testing, AIDS awareness or other. When marking other as an answer choice please specify the alternate message. Record the campaign's name in the blank provided.

Outdoor Media Media Type: *(mark all that apply ⊠ & record number)* 　☐ Billboard: #_____　　☐ Bench Sign: #_____ 　☐ Bus Shelter: #_____　☐ Bus Sides/Backs: #_____ 　☐ Bus Int. Cards: #_____ 　☐ Other, specify:_____ #_____ Target: *(mark all that apply ⊠)* 　☐ M ☐ W ☐ TG ☐ AA ☐ NA ☐ API ☐ LAT ☐ WH 　☐ MSM ☐ IDU ☐ SUB ☐ YTH ☐ SW ☐ POS ☐ OTH Program Objective: *(mark all that apply ⊠)* 　☐ Safer Sex ☐ Testing ☐ AIDS Awareness 　☐ Other, specify:_____ Campaign Name/message: _____	The following questions record information about outdoor media. Mark the name of the media or the media type on the blank provided. Record the number of items. Identify the target and mark an X in the box beside the appropriate target. M-Men W-Women TG-Transgender AA-African American NA-Native American API-Asian Pacific Islander LAT-Latino/a WH-White MSM-Men who have Sex with Men IDU-Intravenous Drug User SUB-Substance user YTH-Youth SW-Sex Worker POS-HIV Positive OTH-Other. Indicate the program objective by marking an X in the box beside safe sex, testing, AIDS awareness or other. When marking other as an answer choice please specify the alternate message. Record the campaign's name in the blank provided.
Print Advertising (newspapers, magazines) Media Type: *(mark all that apply ⊠ & record number of ads)* 　☐ Newspaper: #_____　☐ Magazine: #_____ 　☐ Journal: #_____　　☐ Electronic: #_____ Target: *(mark all that apply ⊠)* 　☐ M ☐ W ☐ TG ☐ AA ☐ NA ☐ API ☐ LAT ☐ WH 　☐ MSM ☐ IDU ☐ SUB ☐ YTH ☐ SW ☐ POS ☐ OTH Program Objective: *(mark all that apply ⊠)* 　☐ Safer Sex ☐ Testing ☐ AIDS Awareness 　☐ Other, specify:_____ Campaign Name/message: _____	The following questions record information about print advertisements. Mark an X in the box of all media types that apply and record the number of advertisements. Identify the target of the print media and mark an X in the box beside the appropriate target (see target population definitions above). Indicate the program objective by marking an X in the box beside safe sex, testing, AIDS awareness or other. When marking other as an answer choice please specify the alternate message. Write the campaign name in the blank provided.
News Coverage Media Type: *(mark all that apply ⊠ & record number)* 　☐ Newspaper: #_____　☐ Magazine: #_____ 　☐ Journal: #_____　　☐ Electronic: #_____ 　☐ Cable/TV: #_____　　☐ Radio: #_____ Target: *(mark all that apply ⊠)* 　☐ M ☐ W ☐ TG ☐ AA ☐ NA ☐ API ☐ LAT ☐ WH 　☐ MSM ☐ IDU ☐ SUB ☐ YTH ☐ SW ☐ POS ☐ OTH Program Objective: *(mark all that apply ⊠)* 　☐ Safer Sex ☐ Testing ☐ AIDS Awareness 　☐ Other, specify:_____ Campaign Name/message: _____	Indicate the media type by marking an X in the box beside the appropriate type and record the number of items. Identify the target and mark an X in the box beside the appropriate target (see target population definitions above). Indicate the program objective by marking an X in the box beside safe sex, testing, AIDS awareness or other. When marking other as an answer choice please specify the alternate message. Write the campaign name in the blank provided.

Print Materials
 	
Media Type: *(mark all that apply ⊠ & record number distributed)*
   ☐ Brochures: #_____   ☐ Palm Cards: #_____
   ☐ Posters: #_____   ☐ POP Display: #_____
   ☐ Media Release Kit: #_____
   ☐ Other, specify:_____ #_____
Target: *(mark all that apply ⊠)*
   ☐ M ☐ W ☐ TG ☐ AA ☐ NA ☐ API ☐ LAT ☐ WH
   ☐ MSM ☐ IDU ☐ SUB ☐ YTH ☐ SW ☐ POS ☐ OTH
Program Objective: *(mark all that apply ⊠)*
   ☐ Safer Sex ☐ Testing ☐ AIDS Awareness
   ☐ Other, specify:_____
Campaign Name/message: _____
	Indicate the media type by marking an X in the box beside the appropriate type and record the number of items distributed.
	
	Identify the target and mark an X in the box beside the appropriate target M-Men W-Women TG-Transgender AA-African American NA-Native American API-Asian Pacific Islander LAT-Latino/a WH-White MSM-Men who have Sex with Men IDU-Intravenous Drug User SUB-Substance user YTH-Youth SW-Sex Worker POS-HIV Positive OTH-Other.
	
	Indicate the program objective by marking an X in the box beside safe sex, testing, AIDS awareness or other. When marking other as an answer choice please specify the alternate message.
	
	Write the campaign name in the blank provided.

Outreach Events
 	
Event Type: *(mark all that apply ⊠ & record number of events)*
   ☐ Health Fair: #_____   ☐ Workshop: #_____
   ☐ Presentation: #_____   ☐ Rally: #_____
Target: *(mark all that apply ⊠)*
   ☐ M ☐ W ☐ TG ☐ AA ☐ NA ☐ API ☐ LAT ☐ WH
   ☐ MSM ☐ IDU ☐ SUB ☐ YTH ☐ SW ☐ POS ☐ OTH
Program Objective: *(mark all that apply ⊠)*
   ☐ Safer Sex ☐ Testing ☐ AIDS Awareness
   ☐ Other, specify:_____
Promotional Items: *(mark all that apply ⊠)*
 	
   ☐ Condom Kit ☐ Hygiene Kit ☐ Bleach & Water
   ☐ Vouchers ☐ Key Chains ☐ Hats ☐ T-shirts
   ☐ Phone Cards ☐ Pens/pencils ☐ CD's ☐ Other
Topic(s): _____
	Indicate the event type by marking an X in the box beside the appropriate type and record the number of events.
	
	Identify the target and mark an X in the box beside the appropriate target (see target population definitions above).
	
	Indicate the program objective by marking an X in the box beside safe sex, testing, AIDS awareness or other. When marking other as an answer choice please specify the alternate message.
	
	Mark and X in the box beside each promotional item used at the event.
	
	Record the topic of the event in the blank provided.

Web Media Website URL: _____ Website hits: *(estimated)* _____ Advertising Type: *(mark all that apply ⊠)* ☐ Online Ads ☐ Forums/Newsgroups ☐ Webcasting	The following questions deal only with web media. The Web is an informational space. Uniform Resource Locators or URLs are the points in that space. For web media record the estimated number of hits or visits to the website the URL, and the type of advertisement used.
Local Telephone Information Line or Hotline Telephone Number: *(with area code)* _____ Number of callers: *(if applicable)* _____	The following questions apply only to telephone information lines. Record the following items: The telephone number the client is calling. The total number of callers to the hotline.

37

INSTRUCTIONS FOR COMPLETING PREVENTION CASE MANAGEMENT FORM

The ELI Prevention Case Management Form is used to document all prevention case management activities regardless of Office of AIDS funding source.

Who administers the forms?

Forms are administered by intervention providers.

When do I administer the form in relation to services?

Forms can be administered before, during or after the intervention. The exact timing will vary by intervention. Therefore, the logistics should be at the discretion of the program coordinator.

Prevention case management encompasses but is not limited to PCM offered in E&P sites. Clients should be recruited and surveyed in manner consistent with the specific program's goals and objectives. Client centered counseling practices should be utilized at all times.   The purpose of the form should be explained and information collected as follows.

How do I avoid duplication?

Avoiding duplication of forms is essential for data entry minimizing workload and accurate reporting of services. To avoid this situation data entry staff should always enter their initials into the box labeled Data Entry Use Only on the bottom of the form once the form has been entered into the computer.

| *Data Entry Use Only* |
| Data Entry Initials: _____ |

Prevention Case Management Form

Program: _____	Please enter the name of the program service being provided. The program name is not entered into the ELI system but is recorded on each form to ensure that records for different individual level interventions are not mixed up.
Date: _____/_____/_____	Fill in the date the intervention occurred.
Provider initials:_____	Fill in the initials of the person filling out the form.
LHD/agency no. ☐☐☐☐	The code number assigned to the local health department or other contracting agency by the OA. If you are unsure of your local health department number please contact The State Office of AIDS.
Site no. ☐☐☐☐	The number assigned by the LHD or agency to the site where the services are provided. This number should be used to identify physical location where services are regularly provided. They should not be assigned, for instance, to every street corner stop of a mobile van route.
Computer Client No.: ☐☐☐☐☐☐☐☐☐	Fill in the unique client number assigned to each client at data entry or by local protocol.

Length of Contact *(mins)* ☐☐☐	Fill in the length of contact in minutes from 0-999.
Intervention Setting: *(mark one ☒)* ☐ (1) Community setting ☐ (6) CBO ☐ (2) Clinic/health care ☐ (7) HIV C&T ☐ (3) Substance use treatment ☐ (8) STD clinic ☐ (4) Correctional/detention ☐ (9) Other setting ☐ (5) School/educational	Mark one box with an X to indicate the setting where the intervention is taking place. Mark Other Setting if the setting does not easily fall into the other categories on the list.
Referrals *(mark all that apply ☒)* ☐ HIV testing ☐ Substance use treatment ☐ HIV prevention education ☐ Mental health/emotional support ☐ Needle exchange ☐ Shelter or housing ☐ STD testing & care ☐ Food ☐ HIV medical care ☐ Other ☐ Non-HIV medical care ☐ None	Mark an X in each box to indicate that that particular referral was given to the client. If no referrals were given to the client mark an X in the box next to None.
Counseling topics covered: *(mark all that apply ☒)* ☐ Sex risk reduction ☐ IDU risk reduction ☐ Other risk reduction ☐ Other, specify:_____	Mark an X in each box to indicate that that particular counseling topic was covered with the client.
CLIENT INFORMATION **First Letter of Last Name:** ☐	Enter the first letter of the client's last name in the box.
Date of birth: *(mm/dd/yy)* ☐☐☐☐☐☐	Fill in the client's date of birth (month, day, year). If the client is unwilling to provide this information please leave the boxes blank.
Residence County: _____	Record the county where the client has his/her primary residence. For transients, record the county in California where the client most often resides. Out-of-state clients are marked as "out of state."
Zip code: *(residence/hangout)* ☐☐☐☐☐	Enter the zip code where the client's residence is located. For transients, enter the zip code where the client most often resides. Out-of-state clients are marked as 99999. These two geographic questions help localize the client for appropriate referral service sites and identify areas of higher concentration of high-risk clients and HIV infected persons for program planning.
☐ Mark if homeless	Mark an X in the box if client is homeless. Knowledge of this is particularly important, as homeless clients may have special needs.
Gender & pregnancy: *(mark one ☒)* ☐ (1) Male ☐ (2) Female ☐ (3) Pregnant female ☐ (4) Transgendered: male to female ☐ (5) Transgendered: female to male ☐ (6) Other, specify:_____	Mark the client's **self-identified** gender with an X. Explain that *Transgendered* clients may be pre or post operation: *Male to Female* or *Female to Male* and that *Other*, s*pecify* is for any other self-identified gender, such as hermaphrodite (both genitalia). If a female knows that she is pregnant mark an X in the box next to pregnant female.

Race/Ethnicity: *(mark one or two ⊠)* **1st 2nd** ☐ (1) ☐ (1) African American (not Hispanic) ☐ (2) ☐ (2) American Indian/Alaskan Native ☐ (3) ☐ (3) Asian/Pacific Islander ☐ (4) ☐ (4) Hispanic/Latino(a) ☐ (5) ☐ (5) White (not Hispanic) ☐ (6) ☐ (6) Other, specify:_____	The purpose of race/ethnicity is to identify cultural issues that may be appropriate to address. It provides to program planners the race/ethnic proportions of clients needing services. The five "standard" census groups are used. Encourage the client to identify the one group of closest identification, and record it under 1st. Ask clients if there is a second group with which s/he identifies and record it under 2nd. The benefit of this approach is that it provides both a "simple" description and a more precise definition of clients of mixed race. This level of detail may help counselors understand cultural issues important to the client's HIV risk reduction.
Sexual Orientation: *(mark one ⊠)* ☐(1) Gay male ☐(2) Bisexual ☐(3) Heterosexual (straight) ☐(4) Lesbian ☐(5) Other, specify:_____ ☐(6) Don't know ☐(7) Declined/refused	Enter the client's self-identified sexual orientation or indicate, "don't know" if the client is uncertain of their sexual orientation.
HIV Status: *(mark one ⊠)* ☐ (1) Positive ☐ (2) Negative ☐ (3) Inconclusive ☐ (4) Don't know ☐ (5) Declined/refused	Enter the client's HIV status as of their last test result or don't know if s/he has never tested or never returned for their test result.

Sexual behavior *(D/R = declined/refused; NA=not applicable)* By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys. (1) *In the last 12 months/since last visit, had sex with a . . .* 　　Male ----------------------□(1) Yes □(2) No □(3) D/R 　　Female----------------------□(1) Yes □(2) No □(3) D/R 　　Transgendered ----------------□(1) Yes □(2) No □(3) D/R (2) *In the last 12 months/since last visit, had sex for . . .* 　　Drugs----------------------□(1) Yes □(2) No □(3) D/R 　　Money/other -----------------□(1) Yes □(2) No □(3) D/R *In the last 12 months/since last visit had . . .* (3) Sex with an IDU partner--------□(1) Yes □(2) No □(3) D/R (4) Receptive anal sex (partner's penis entered anus/butt) 　　　　　　　　□(1) Yes □(2) No □(3) D/R 　　　　Condom last time? □(1) Yes □(2) No □(3) D/R (5) Receptive vaginal sex (partner's penis entered vagina) 　　　　　　　□(1) Yes □(2) No □(3) D/R 　　　　Condom last time? □(1) Yes □(2) No □(3) D/R (6) Insertive anal sex (penis entered partner's anus/butt) 　　　　　　　□(1) Yes □(2) No □(3) D/R 　　　　Condom last time? □(1) Yes □(2) No □(3) D/R (7) Insertive vaginal sex (penis entered partner's vagina) 　　　　　　　□(1) Yes □(2) No □(3) D/R 　　　　Condom last time? □(1) Yes □(2) No □(3) D/R	The following questions are about the client's sexual behavior during the last 12 months or since their last visit. By "sex" we mean oral, vaginal, or anal sex, but NOT masturbation or sex with dildos/sex toys. Mark an X in the box beside Yes or No unless the client declines or refuses to answer the question in that case mark an X in the box beside D/R for declined/refused. This information is necessary to know in order to address the client's specific risk reduction needs.
Hepatitis and STD history *(D/R = declined/refused)* (8) During the last 12 months/since last visit, diagnosed with a sexually STD or Hepatitis?----□(1) Yes □(2) No □(3) D/R 　　*If Yes*, STDs/Hepatitis diagnosed with in the last 12 months/since last visit. *(mark all that apply ⊠)* 　　□ Syphilis *(syph, the pox, lues)* 　□ Genital herpes (HSV) 　　□ Gonorrhea *(GC, clap, drip)* 　　□ Hepatitis B (HBV) 　　□ Chlamydia 　　　　　　　　　□ Hepatitis C (HCV) 　　□ Trichomoniasis *(trich)* 　　　□ Other STD 　　□ Genital/anal warts (HPV) 　(9) Diagnosed with any <u>viral</u> STDs or Hepatitis <u>more than</u> 12 months ago 　　　　(*if first visit*)?----□(1) Yes □(2) No □(3) D/R 　　*If Yes*, <u>viral</u> STDs/ Hepatitis diagnosed <u>more than</u> 12 months ago. *(mark all that apply ⊠)* 　　□ Genital/anal warts (HPV) 　□ Hepatitis B (HBV) 　　□ Genital herpes (HSV) 　　　□ Hepatitis C (HCV)	The next two questions collect information about the client's sexually transmitted disease (STD) and Hepatitis history. If the client was diagnosed with an STD in the last 12 months or since their last visit by a medical professional mark an X in the box beside Yes. If not, mark no. If the client does not want to provide that information mark an X in the D/R box. If the client was diagnosed with an STD in the last 12 months or since their last visit, mark an X in the box beside each STD the client was diagnosed with. If the client was diagnosed with a viral STD or Hepatitis <u>more than</u> 12 months ago if this is their first visit mark an X in the box beside Yes. If not, mark No. If the client was diagnosed with a viral STD or Hepatitis more than 12 months ago or since their last visit indicate which one(s) by marking and X beside the appropriate STD or Hepatitis type. This information will give the provider information on the client's current level of risk and necessity of STD/medical referrals.

Drug use history *(D/R = declined/refused)* (10) In the last 12 months/since last visit, used any of the following drugs*?* 　Alcohol------------------------------------□(1) Yes □(2) No □(3) D/R 　Crack *(rock)*----------------------------------□(1) Yes □(2) No □(3) D/R 　Amphetamine (s*peed, crank, crystal, tina)*-----□(1) Yes □(2) No □(3) D/R 　Cocaine (powder)-------------------------------□(1) Yes □(2) No □(3) D/R 　Nitrate/nitrates *(poppers, rush)*--------------□(1) Yes □(2) No □(3) D/R 　Heroin *(junk, skag, smack, H)*-----------------□(1) Yes □(2) No □(3) D/R 　Ecstasy *(MDMA, Adam, E, X)*-----------------□(1) Yes □(2) No □(3) D/R 　GHB *(liquid ecstasy, G)*-----------------------□(1) Yes □(2) No □(3) D/R 　Ketamine *(special K, vitamin K, K)*-----------□(1) Yes □(2) No □(3) D/R 　Viagra--□(1) Yes □(2) No □(3) D/R (11) In the last 12 months/since last visit, used a needle to inject drugs or other substances (not including drugs taken under a doctor's order) ----------------□(1) Yes □(2) No □(3) D/R *If Yes*, the last injection used a new needle that has never been used before? ----------------□(1) Yes □(2) No □(3) D/R	The final group of questions assesses the client's drug use history within the last 12 months or since their last visit. Learn the current street names for each drug listed. The issue here is cofactors affecting safer sex decisions and injection risks. Drugs used with sex may affect judgment leading to unsafe sexual practices. Drugs may stimulate sexual behavior. Sex may also be part of drug transactions. Mark each drug the client has used with an X in the Yes box and each they have not used with a X in the No box and any declined information with an X in the D/R box. If the client has used a needle to inject drugs in the last 12 months or since their last visit mark an X in the box beside Yes. If not, mark No and if the client does not want to provide you with that information mark D/R. If the client has indicated that s/he has used a needle to inject drugs in the last 12 months or since their last visit, determine whether that needle was a needle that had never been used before or not and mark the appropriate response. If the client does not want to provide you with that information mark D/R.
Data Entry Use Only Data Entry Initials: _____	Avoiding duplication of forms is essential for data entry minimizing workload and accurate reporting of services. To avoid duplication **data entry staff should always enter their initials into the box labeled Data Entry Use Only on the bottom of the form once the form has been entered into the computer.**

Comments, suggestions and questions about the ELI protocol can be directed to Shanna Livermore at (916) 445-9258 or slivermo@dhs.ca.gov